Meleis's theory of nursing transitions and relatives' experiences of nursing home entry

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Aim. This paper explores the extent to which Meleis's mid-range theory of nursing transitions is supported by the findings of a study exploring relatives' experiences of the move to a nursing home.

Background. Mid-range nursing theories are useful tools in helping to understand the scope of nursing practice in a range of contexts and situations. However, as yet, many formal mid-range theories have not been adequately tested.

Methods. Findings from a constructivist study of relatives' experiences of nursing home entry were re-analysed in relation to the extent to which they reflected the domains of the theory of nursing transitions. Data for the original study were generated during 37 qualitative interviews involving 48 close family members of older people who had recently moved to a nursing home, and in observational case studies in three nursing homes.

Findings. All domains of the theory of nursing transition were supported by the data generated within the study. However, the model failed to represent adequately the interactive and dynamic nature of relationships between formal and informal caregivers in the nursing home context.

Conclusions. The theory of nursing transitions has the potential to assist nurses in identifying appropriate strategies for supporting relatives throughout the period of an older person's relocation to a nursing home. However, in order to reflect fully the experiences of relatives at this time, the theory requires adjustment to recognize the contribution made by relatives themselves to positive outcomes. This therefore raises questions as to whether the relative absence of this reciprocal and interactive dimension is an element of Meleis's theory that requires further exploration in relation to other forms of transition.

Keywords: nursing homes, nursing theory, older people, relatives, transition

Introduction

With increasing levels of frailty among the ageing population, a growing number of family caregivers are finding themselves in the situation of needing to assist a relative to move into a nursing home. This frequently involves them in helping the older person to make the decision, find a suitable home, make the move and settle into their new environment. The move to a nursing home represents a major event in the life of the older person and can be a traumatic experience for all concerned (Reed & Payton 1996, Wright 1998). Temporal models of caregiving suggest that when family caregivers assist an older person to move into a nursing home, they enter a new but still involved stage and are likely to require support to achieve a smooth transition (Nolan *et al.* 1996a). However, there is

little research evidence to suggest the type of support that will be most effective.

This paper draws on evidence from an empirical study, the main aim of which was to develop a deeper understanding of the needs of relatives of older people who move into nursing homes (Davies 2001). Data derived from semi-structured interviews with 48 family caregivers who had experience of such a move, together with observational case studies in three nursing homes enabled the development of a series of theoretical propositions. It was anticipated that these would suggest appropriate supportive interventions to enable a healthy transition. In comparing these insights with the existing literature, the relevance of Meleis's theory of nursing transitions (Meleis *et al.* 2000) as a potential framework for guiding practice in this area became apparent. In this paper, the extent to which Meleis's theory was supported by data from the study is explored. Ways in which the theory of nursing transitions could be modified to reflect more fully family caregivers' experiences of assisting a relative to move into a nursing home are also outlined.

Background

Theoretical perspectives on the move to a nursing home

In the growing literature on experiences of long-term care, a number of conceptual and theoretical frameworks have been applied to the needs of older people living in nursing homes and their families. However, these are mostly derived from research carried out in settings other than nursing homes, and there is a need for more explicit empirical testing of a range of theoretical ideas in the nursing home context. Importantly, much of the literature on relatives' experiences of admission to a nursing home is devoid of references to theoretical or conceptual frameworks that might provide a basis for education, research and practice in this field. In terms of mid-range substantive theories, notable exceptions include Bowers' (1988) typology of family caregiving, Nolan *et al.*'s (1996a) temporal model of caregiving, and Nolan *et al.*'s (1996b) typology of admission types. A number of writers have attempted to apply mid-range theories developed in other contexts to the experiences of older people and their relatives in relation to nursing home entry. These are summarized in Table 1. However, with one exception, these theories are only useful in explaining certain aspects of the phenomenon of interest. An important exception is the formal mid-range theory of transitions described by Schumacher and Meleis (1994) and Meleis *et al.* (2000). This presents a comprehensive framework which recognizes the significance of transitions for health and attempts to encapsulate characteristics and indicators of healthy transition processes in order to suggest appropriate nursing interventions.

A theory of nursing transitions

Meleis's theory of nursing transitions proposes that assisting people to manage life transitions is a key function of nursing (Schumacher & Meleis 1994, Meleis *et al.* 2000), with transition defined as: 'The passage or movement from one state, condition or place to another' (Chick & Meleis 1986, p. 237).

The rationale for considering this an important area for nursing and social care is that people undergoing transitions tend to be more vulnerable to risks that may affect their health and wellbeing. Transitions often require a person to incorporate new knowledge, to alter behaviour, and therefore to change the definition of self in the new social context (Wilson 1997, Meleis *et al.* 2000). The challenge for nurses and others involved in supporting those undergoing transition is to understand transition processes and to develop interventions which are effective in helping them to regain stability and a sense of wellbeing (Schumacher & Meleis 1994). Meleis and colleagues have conducted empirical work examining a range of transition experiences, including becoming a mother (Sawyer 1999), experiencing the menopause (Im & Meleis 1999), developing chronic illness (Messias 1997) and taking on a family caregiving role (Schumacher 1996). The findings of these studies have led them to develop a formal middle-range theory of transitions. The three domains of this theory – the nature of transitions, transition conditions and patterns of response – are illustrated in Figure 1.

This theory, in contrast to others described previously (e.g. Bowers 1988, Nolan *et al.* 1996b), is formal rather than substantive: that is, it is not concerned with a particular instance of a transition, i.e. nursing home entry, but rather focuses on transitions more generally.

The study

Aims

Given the dearth of literature exploring relatives' experiences of the move to a nursing home the aims of the study were:

- to describe and interpret the experiences of family caregivers in relation to helping a relative to move into a nursing home and continuing to support them in such a setting,

Table 1 Application of theoretical frameworks pertaining to relatives' experiences of nursing home entry

Theoretical framework	Examples	Definition/description	Typical application within the literature
Caregiving as a career	Cosbey (1994) Aneshensel *et al.* (1995) Murphy *et al.* (1997) Ross *et al.* (1997)	Career is defined as 'a series of statuses and clearly defined offices held throughout the life course in which there are typical sequences of position, achievement and responsibility'	The notion of the caregiving career can be used to explain the motivations of community-dwelling spouses at different stages in the care-giving career and their feelings associated with visiting
Locus of control (LOC)	Morgan & Zimmerman (1990) Brown & Furstenberg (1992) Chen & Snyder (1996)	Locus of control construct has three foci: internal control, external control and the influence of powerful others. Intervention of practitioners can result in changes in LOC orientation in client	Shifting the locus of control in decision-making towards older people and family members will enhance satisfaction with care and ease adjustment
Life crisis and transition	Oleson & Shadick (1993) Meleis and Trangenstein (1994) Schumacher & Meleis (1994)	Transition is defined as *the passage or movement from one state, condition or place to another*. Effective coping with transition/crisis requires understanding and effective management of the event	Older people and their families relocating to a nursing home experience a life transition that they often perceive as a crisis. People experiencing transition are usually able to discern discrete phases in the process
Continuity theory	Elliot (1995) Gladstone (1995) Reed & Payton (1995) Ghusn *et al.* (1996) Onega & Tripp Reimer (1997)	Continuity theory is concerned with '*maintaining a continuous sense of self in the face of the many internal and external disruptions accompanying old age*'	Continuity is maintained not only by performing familiar activities, but also by engaging in a subjective process that brings about a feeling of order, consistency and a restoration of personal meaning in situations marked by physical, psychological or environmental change
Social exchange theory	Clarke (1993) Nelson (2000)	Relationships are rooted in reciprocity	Delayed reciprocity is an important concept for understanding why relatives continue to engage in seemingly unbalanced relationships with nursing home residents
Family systems theory	Kaplan & Ade-Ridder (1991) Bogo (1987) Drysdale *et al.* (1993)	The family is perceived as a unitary group with the consequence that change affecting one member will bring about change in the rest of the family unit. The implication is that the family as a whole will need additional support and information to re-establish equilibrium	Family systems theory has been used to explain the impact of relocation on family caregivers and to suggest interventions which may assist families to preserve and enhance relationships following the move

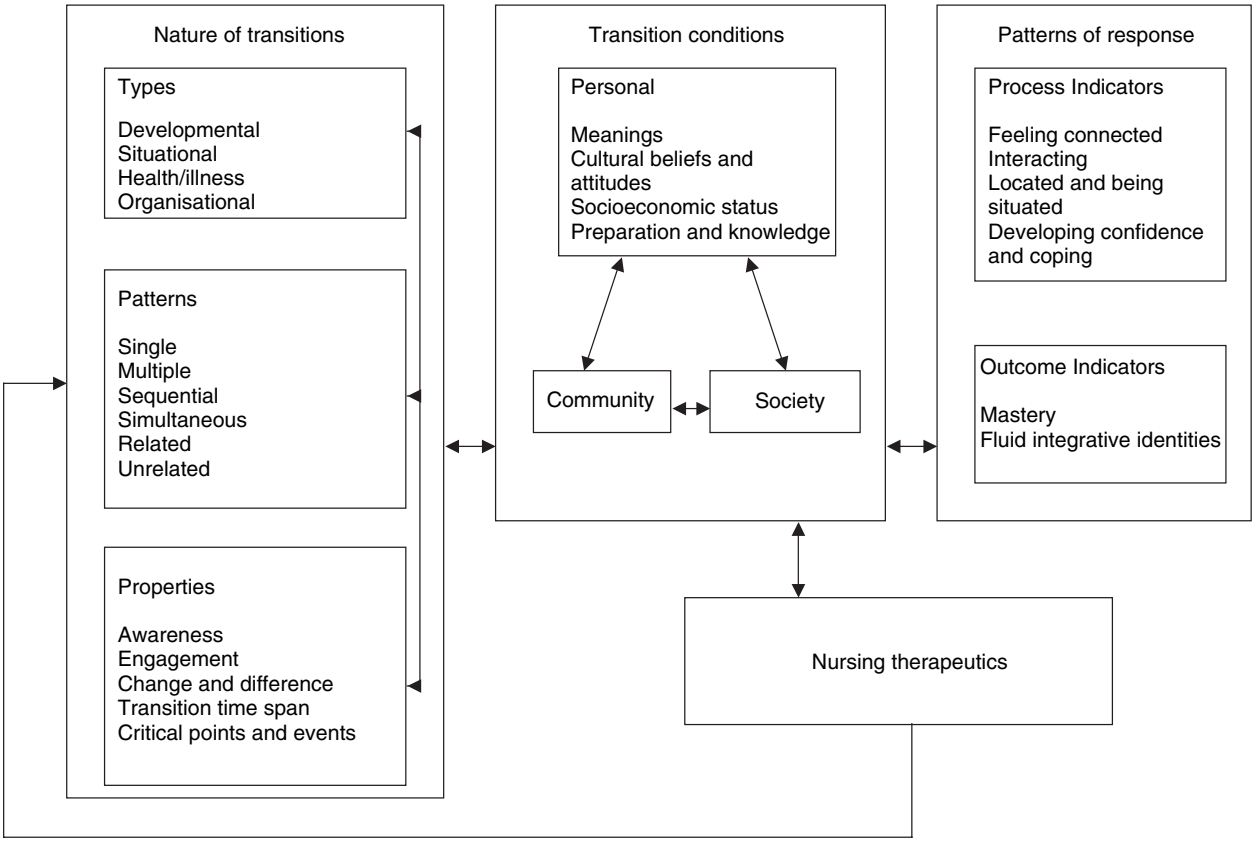

Figure 1 Model of nursing transitions (Meleis *et al.* 2000).

- to describe and interpret staff and family caregivers' perceptions of current practice within nursing homes in relation to supporting and involving family caregivers, particularly around the time of admission and
- to generate understandings and insights to inform, assist and empower older people who experience admission to a nursing home in the future and their family caregivers.

Methods

Two discrete but related phases of data collection were undertaken within a broadly constructivist framework (Rodwell 1998) (Figure 2). The first phase comprised 37 semi-structured interviews with 48 people who had experienced admission of a close relative to a nursing home. Participants were recruited using a range of strategies and essentially were a sample of convenience (Table 2). The most successful strategy involved contacting managers of local nursing homes and inviting them to distribute information packs about the project to relatives, who then contacted the researcher directly. Advertisements in local newspapers and carers' publications also produced some response. Relationships between people who took part in the interviews and the nursing home resident are shown in Figure 2. For 16 of the main participants (11 spouses, four adult children and one niece), the older person had been co-resident prior to their admission to the nursing home. The interviews were conducted mostly in participants' own homes and focused on events leading up to the admission, the experience of relocation and involvement since admission.

The second phase of the study involved detailed case studies in three nursing homes. Here, the intention was to locate relatives' experiences in the context of everyday life within each home, using participant observation and field notes, interviews with staff, residents and relatives, analysis of documents and reflective accounts of the researcher's experiences within the setting. Homes were purposively selected from a list of those in the area to provide a range of size, type of ownership (private individual or large corporation) and location within the city. The nature of the research was discussed during an initial meeting with home managers, and all three approached agreed to take part. Participation was then negotiated with residents, staff and relatives on an individual basis. The principal data collection

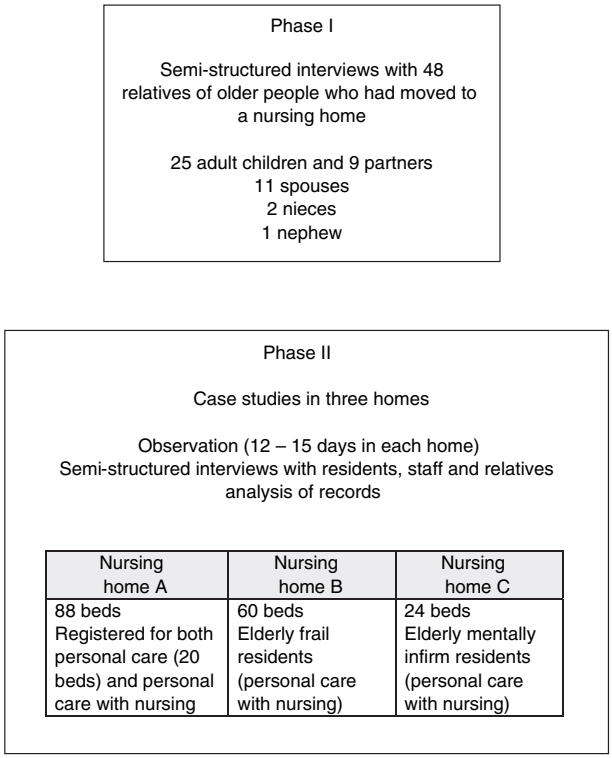

Figure 2 Overview of study methods.

Table 2 Number of participants for individual interviews recruited using each strategy

Strategy	Participants (primary contact)
Contact with nursing home managers	20
Advertisement in local newspaper	6
Contacts made on visits to nursing homes	3
Advertisement in Carers' Newsletter	3
Sheffield Transitional Care Forum*	3
Local branch of Relatives' Association	2
Total	37

method was participant observation within the 'participant as observer role' (Junker 1960, Pearsall 1965). Between 12 and 15 days of observation were spent at each home over a 5- to 6-month period. Characteristics of the case study homes included in the second phase are shown in Figure 2.

Data for both phases of the study were gathered concurrently between 1999 and 2001.

Rigour

Within both phases of the research the following features were designed to produce co-constructed narratives of each participant's experiences:

- Consent was negotiated over several days to ensure that the participant was aware of what their involvement would require.
- An outline interview schedule was handed or posted to each participant in advance.
- Throughout each interview the researcher attempted to check her understanding and interpretation of what was being said with the participant(s).
- The researcher fed in her own views and experiences to each interview when appropriate, including insights developed from earlier interviews and observations.
- A summary of each interview was posted to the participant(s) for comments.
- A summary of findings from each phase of the research was sent to participants for comments.

Ethical considerations

An outline of the study was submitted to the Chairperson of the Local Research Ethics Committee, who decided that the research did not fall within the remit of the Committee at that time. This was because participants were not accessed via their use of health services. However, mindful of the ethical issues prompted by the study design, in particular the potentially distressing nature of some of the experiences that participants would be invited to recall, the researcher invited a small group of colleagues to discuss ways of minimizing risk to participants and a strategy was agreed, including the opportunity for referral to external agencies where indicated. The information provided by each participant was scrupulously protected as confidential, and data were coded and anonymized so that no notes or record of an interview could be associated with an individual.

Data analysis

The approach to initial analysis of the data was inductive, and sought to develop theoretical propositions that would accurately reflect the participant's feelings, thoughts and actions (Maykut & Morehouse 1994). A similar approach was used to analyse the individual interview and case study data. While detailed analysis of the data was undertaken in stages the process was essentially ongoing, with a written summary being prepared following each interview and on completion of each case study. This phased approach to data analysis is consistent with the constructivist method and comprised four steps:

- unitizing – locating units of meaning within the text,
- categorizing – taking all the units of data and sorting them into categories of ideas,

- filling in patterns – searching for convergent and divergent opinion and seeking explanation for these discrepancies and
- member checks – feeding back the categorization to participants.

(Lincoln & Guba 1985)

QSR NUD*IST (Qualitative Solutions and Research) was used to unitize and categorize the data. At the same time as data were extracted from each interview or set of field notes and aggregated in relation to categories, the integrity of each case was maintained by entering key categories on to a matrix for each participant so that linkages between themes could be examined. Examination of key themes was undertaken in parallel, comparing similar cases using the aggregation of data under the category headings and tracing the development of themes in relation to an individual participant's experiences. This process also facilitated the development of 'meta-themes' representing the range of experiences described.

Further details of the methods of data collection and analysis have been reported elsewhere (Davies 2001, Davies & Nolan 2003).

Findings

The main thematic framework which emerged from the findings is shown in Figure 3. Data analysis revealed three phases to the transition: 'Making the best of it'; 'Making the move' and 'Making it better', with relatives' experiences across these phases being understood in terms of five continua, reflecting the extent to which they felt they were: feeling 'under pressure' or not; 'in the know' or 'working in

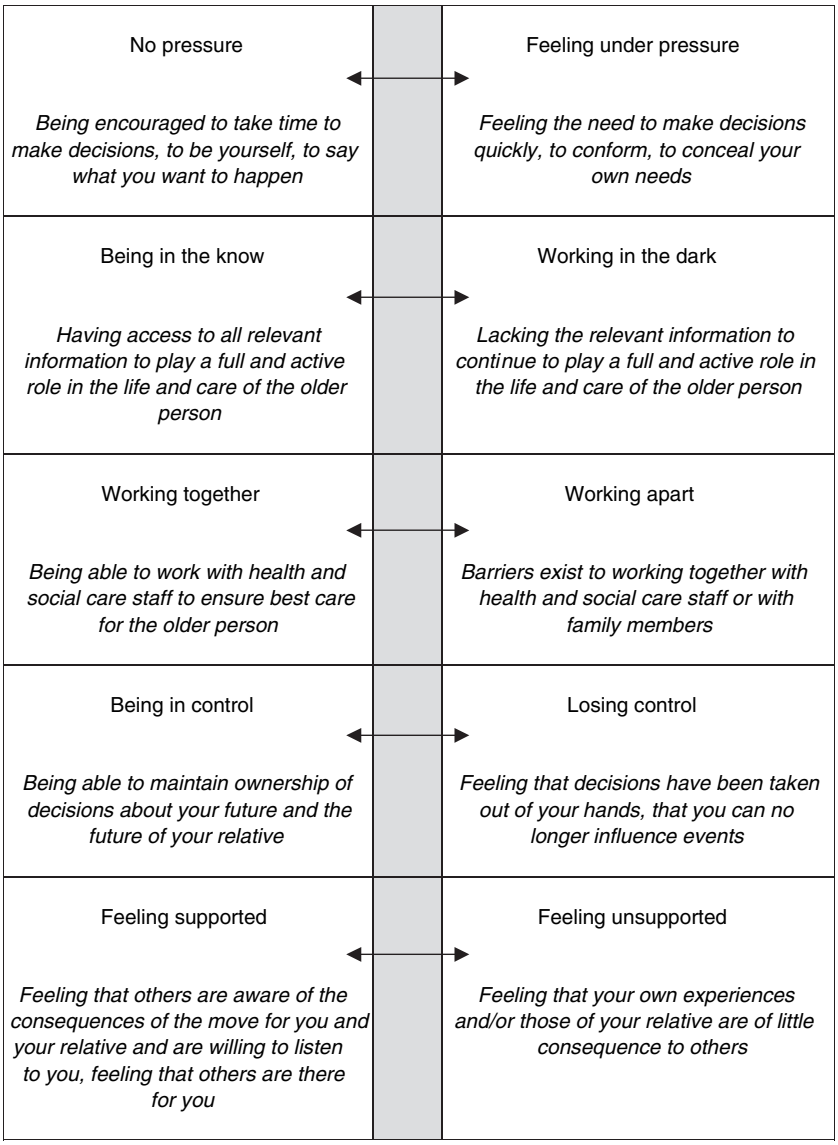

Figure 3 Relatives' experiences during phases of admission to a nursing home.

the dark'; 'working together' or 'working apart; 'in control of events' or 'losing control', and feeling 'supported' or 'unsupported' both practically and emotionally. These findings have the potential to inform health and social care practice in supporting family caregivers at this time and have been reported in detail elsewhere (Davies & Nolan 2003, Davies & Nolan 2004).

Following the initial analysis, the findings were re-examined in relation to the domains of the theory of nursing transitions. This involved a detailed consideration of each domain of the theory and its constituent parts, and mapping the empirical data on to these domains. This process was also facilitated by the use of QSR NUDIST, which creates a 'tree' structure, involving nodes and sub-nodes, to reflect the conceptual or theoretical framework emerging during the analytical process. It was a fairly straightforward process to create a new structure representing the domains and constituent elements of the theory of nursing transitions, and then to attach nodes resulting from the analysis of the relatives' data to this new tree. Components of the findings of the relatives' data that did not map on to the theory could then be easily identified. Once this process was complete the map was reviewed by an independent researcher, who confirmed the appropriateness of the allocation of data to each domain.

The extent to which the study findings were found to be consistent with the domains of the theory of nursing transitions is shown in Tables 3–5.

As can be seen clearly, there are numerous points of connection between the formal theory of Meleis *et al.* (2000) and findings of the current study, suggesting that the notion of transitions provides a broadly appropriate framework within which to locate these findings. The key question is whether it provides a complete framework or if the present theory could suggest ways in which that of Meleis *et al.* (2000) could be extended.

A significant limitation of Meleis's model for considering transitions to a nursing home setting (and thereby potentially other forms of transition) is the failure to acknowledge the reciprocal inter-relationships between the key stakeholders. Analysis of data from both phases of the study revealed the sterility of attempting to understand and explain family caregivers' experiences of nursing home entry without also considering the experiences of older people and staff within nursing homes (see Davies 2003). The experiences of older people and family caregivers are shaped by the complexity of decision-making in this context and are influenced by a range of perceived demands and responsibilities. The move to a nursing home creates a series of stressors and demands for older people and their caregivers. Staff within nursing homes also experience demands and stressors; yet the model of nursing transitions seems to under-emphasize this interplay, and rather portrays professionals (nurses) as relatively detached 'experts' and the flow of support as 'one-way'. Thereby, the model fails fully to acknowledge the significance of 'emotional labour' – the emotional component of all nursing work and specifically work in a nursing home. This component is clearly illustrated in the following data quote from our study:

> They're like my family. It's like I've got two homes. I worry about them when I'm not here and sometimes I ring up to find out how they are, if someone's been a bit poorly, for example. (Care assistant, case study home 3)

Furthermore, the model of nursing transitions tends to treat recipients of nursing interventions as passive and as if they have little potential to contribute to their environment or to influence their own destiny. On the contrary, relative participants in our study were very clear that they had an important contribution to make, and described three roles that they performed within the nursing home. These were: *maintaining continuity*, which involved helping the older person to maintain their sense of identity through the continuation of loving family relationships and through helping the staff to get to know them as an individual; *contributing to community* through interacting with other residents, relatives and staff, taking part in social events and generally providing a link with the outside world, and *keeping an eye*, by monitoring the care received, providing feedback to staff and filling any gaps. The following quotes are illustrative:

> We do try to help out when we visit. I've knitted about 12 blankets for them and we often take residents back to their rooms. Sometimes they say, 'Oh, we're glad to see you – you can give the teas out!' I don't mind this, and I enjoy being with them. You can have a laugh with some of them. (Elsie, Daughter, Interview no. 8)

> There's only one thing I've been a bit concerned with, and that is she doesn't seem to be awake at all at the moment. I'll have to talk to Steve about it. I think she needs to have the medication reduced. She's spending too much time asleep. Jim (manager) will see to that and the doctor or the nurse will sort that out. (Bill, Husband, Interview no. 15)

In order to perform these roles effectively, relatives must be prepared and encouraged to take the initiative and sometimes to challenge the status quo. This may require some adaptation on the part of staff who have been used to operating with a different mindset, one which sees relatives as potential adversaries or in some cases as 'customers'. The most positive

Table 3 The nature of transitions

Element	Description/implications	Relevance to current study
Types Developmental Situational Health/Illness Organizational	Nurses regularly encounter four main types of transition in their work with individuals and families. *Interventions need to be tailored to the type of transition*	All of these transition types may affect family caregivers involved in assisting an older person to relocate to a new long-term care environment
Patterns Single Multiple Sequential Simultaneous Related Unrelated	Transitions are commonly patterns of complexity and multiplicity, with individuals experiencing more than one type of transition concurrently	Many relatives were dealing with, not only the situational transition of a change in the nature of the relationship with a close family member, but also with transition in their health status, often as a consequence of their own ageing or ill health. The result was that they were commonly dealing with a whole series of stressors and demands simultaneously, not all of which were necessarily related to the transition
Properties	Meleis *et al*. describe a number of universal properties of transition or commonalities which are evident across the range of types of transition. *Consideration of these properties in relation to a particular transition is especially important in suggesting which nursing interventions are appropriate*	
Awareness	Level of awareness is related to perception, knowledge and recognition of a transition experience	Initially most relatives were unaware of, and therefore unprepared, for the traumatic nature of the transition. Later most experienced it as painful and emotional. However, few had been encouraged to consider or talk about their own experiences. There was a lack of acknowledgment that relatives were themselves undergoing a life transition
Engagement	The degree to which a person demonstrates involvement in the processes inherent within the transition. Indicators include seeking out information, using role models, actively preparing and proactively modifying activities	Relatives varied in their degree of engagement in the process. Those who were proactive in seeking information tended to have more positive experiences
Change and difference	Transitions result in changes in role, identity, relationships, abilities and patterns of behaviour	Relatives described changes in role, relationships and patterns of behaviour. Efforts to *maintain continuity* suggested attempts to retain their caregiving identity within the new context. New abilities related largely to strategies for negotiating care with staff in order to *ensure best care*
Transition time span and critical points and events	The process of transition takes place over time, commonly involves development, flow or movement from one state to another and can often be divided into a series of stages or phases Critical points and events are associated with increasing awareness of change and more active engagement with the transition process	Participants described their experiences in terms of three main stages: *making the best of it* (involving decisions about long-term care choices), *making the move* (involving the physical transfer and getting to know the individuals and routines within the new environment), and *making it better*, which involved them in identifying a new caring role, monitoring care and maintaining their relationship with the older person Critical events were most commonly associated with the decision to seek long-term care and with negative events within the new care environment that caused them to reflect upon whether they had made the right decisions

Table 4 Transition conditions

Element	Description/implications	Relevance to the current study
Transition conditions	Wide variations occur among individuals, families or organizations in transition *An appropriate framework for assessment needs to capture this variation in order to reflect transition experiences*	
Personal		
Meanings	The subjective appraisal of an anticipated or experienced transition and the evaluation of its likely effect on one's life	Because of the overall lack of anticipation of placement as a life event few relatives had given prior thought to its likely impact
Cultural beliefs and attitudes	When stigma is attached to a transition experience the expression of emotional states related to the transition may be inhibited	Negative perceptions of nursing homes were held almost universally prior to the need to consider long-term care options. For most participants, these perceptions contributed to feelings of guilt and are likely to have inhibited relatives in expressing their own needs
Socioeconomic status	Socioeconomic status has an important impact on transition experiences	Older people and their relatives who were able to supplement social services fee levels, and those who were able to pay the full cost of nursing home care and therefore bypass the need for social services assessment, were able to choose from a wider range of accommodation. Low socioeconomic status often contributed to the experiences of being *out of control* of events.
Preparation and knowledge	People undergoing transition may or may not know what to expect and their expectations may or may not be realistic. As a transition proceeds, expectations may prove to be incongruent with unfolding reality *Extensive planning helps to create a smooth and healthy transition*	Most relatives were *in the dark* in relation to what to expect in terms of levels of service and their own involvement following the move. Expectations of rehabilitation services within the home were usually unmet Many participants were unaware whether a detailed assessment of their relatives needs had taken place Where relatives were involved in assessment, experiences were usually more positive
Community conditions	The availability or lack of availability of community resources can facilitate or inhibit transitions *Assessment of community conditions and adaptation and supplementation where possible can facilitate a smooth transition*	Community resources include support from practitioners and from friends and other family members, and characteristics of the nursing home environment which support a smooth transition. Participants within the study derived support from a range of sources external to the nursing home. In particular, family members and friends frequently provided a listening ear and shared responsibility for continuing to support the older person living in the nursing home through regular visits Health and social care professionals, particularly social workers were identified as a source of valuable support. However, just as frequently, participants described a sense of isolation and a perception that they were *working apart* The type of community model which was dominant within a nursing home had important implications for the experiences of relatives, residents and staff

Table 4 (*Continued*)

Element	Description/implications	Relevance to the current study
Society	The wider sociocultural environment shapes the transition experience *Awareness of the sociocultural context of a transition can enable nurses to develop interventions at the group, community and societal level*	Relatives felt *under pressure* from negative images of nursing homes portrayed in the media Relatives were aware of the poor working conditions and lack of training for staff working in nursing homes Staff within some homes often felt isolated, lacking in support and recognition

experiences seem to result when relatives perceive that they too have a larger part to play in 'making it work' and this contribution is welcomed by staff. The importance of such a dynamic is missing from the theory of nursing transitions as currently described.

Discussion

The model of nursing transitions as first described by Schumacher and Meleis (1994) in 1994 and modified in later writings (Schumacher 1996, Meleis *et al.* 2000) provides a useful framework for considering the findings from a study of relatives' experiences of nursing home entry. In particular, the model's focus on transition types, conditions and outcomes is helpful in considering the factors which might facilitate or inhibit a successful transition to a new 'healthy' state. However, as with any developing mid-range theory, application to diverse situations is necessary in order to adjust and adapt the model to fit a range of circumstances. Comparing the model with the findings of a study of relatives' experiences of nursing home entry suggests a number of important omissions and insufficient emphasis within certain important dimensions of the framework. In particular, the failure of the model to represent the reciprocal nature of relationships within care homes and the suggestion that residents and family caregivers are passive recipients of care do not accord with these findings. The potential consequences of such a perception in the context of long-term care are tellingly summarized by Stanley and Reed (1999, p. 65):

> The vivid images that we have of recipients of charity, from frail older people to vulnerable children, do not include any notion that they might be giving something back to their benefactors – the traffic of kindness is entirely one way…This denial of reciprocity does a number of things. It diminishes the service-user as an active agent and portrays him or her as entirely passive. This passivity is then taken as a rationale for privileging the expert's view, as this inability to act is taken as evidence of incompetence to act. A further idea is then brought into play, about the way in which the service-user should be grateful to the practitioners for what they are providing as he or she would not be able to cope without this assistance. Any rejection of care is then viewed not just as a difference in opinion, but as a moral failing – service users are 'ungrateful' or 'awkward' or 'demanding'.

Data from both phases of this study and other work demonstrate that relatives can play an important role in enriching the lives not only of their own relative, but of other residents, their families and staff (McDerment *et al.* 1997, Ryan & Scullion 2000, Davies 2001). Such findings are consistent with emerging ideas about relationship-centred

Table 5 Indicators of healthy transitions

Element	Description/implications	Relevance to the current study
Indicators of healthy transitions	Include both process and outcome indicators. Process indicators are helpful in identifying whether clients are moving in the direction of health or towards vulnerability and risk *Ongoing assessment is therefore crucial in facilitating nursing interventions to promote healthy outcomes*	Suggests the importance of on-going and regular assessment and care planning in relation to the needs of both older people and their close relatives. This was absent for most of the relatives within the study, but where it did take place was associated with more positive experiences.
Process indicators		
Feeling connected	Concerned with making new contacts and continuing old connections Feeling connected to healthcare professionals who can answer questions and with whom they feel comfortable. Also requires continuity in relationships between healthcare providers and patients/clients	This was reflected in the importance attached by relatives in the current study to continuity in staffing and consistent allocation of individual staff members. Relationships with individual members of staff were important, both to residents and relatives, enabling them to remain *in control* and to be *in the know* Maintenance of the relationship between the relative and the older person was an important element of *maintaining continuity*. Being able to continue the relationship in the same pattern as before or re-establishing a prior pattern was an important outcome for relatives within the current study: however, few had managed to achieve this
Interacting	Through interaction, the meaning of the transition and the behaviours developed in response to the transition are uncovered, clarified and acknowledged *Through interaction, a context is created in which self-care and caregiving can take place effectively and harmoniously*	The importance of effective communication at all stages of the transition was a key finding The potential consequences when communication was less than effective were apparent in relatives' experiences of *working in the dark, feeling unsupported* and *working apart* from care staff. The effectiveness of communication had important implications for the type of relationship which developed between relatives and nursing home staff
Location and being situated	Involves understanding the new life by comparing it with the old. Being situated involves finding justification for how or why they came, where they are and where they have been	Participants within the current study varied in the extent to which they had reached an understanding and acceptance of how they came to be in their present situation. Those who felt they had been able to maintain control of decisions, had been able to take their time in planning the move and had been well supported appeared to adjust more easily
Process indicators		
Developing confidence and coping	The extent to which there is a pattern indicating that the individuals involved are experiencing an increase in their level of confidence. Demonstrated by an understanding of the different processes inherent in diagnosis, treatment, recovery and living with limitations, in the level of resource utilization and in the development of strategies for managing. Involves a sense of wisdom resulting from lived experiences	The current study provides evidence that the actions of health and social care staff are important influences on the extent to which relatives develop confidence and coping skills. Where relatives are provided with up-to-date and relevant information, are encouraged to recognize their own expertise and to contribute to an older person's care in the way that both they and the older person are comfortable with, then confidence in, their ability to cope within the new environment developed rapidly. However, where such support was not forthcoming, and relatives lacked the inner resources to recognize their own abilities, then they frequently failed to reach this level of wellbeing

Table 5 (*Continued*)

Element	Description/implications	Relevance to the current study
Outcome indicators		
Role mastery	A sense of achievement of skilled role performance and comfort with the behaviour required in the new situation May be represented by individuals starting to make their own decisions and by taking control of the situation	The extent to which family members demonstrated 'mastery' was variable and to a degree dependent upon whether care staff facilitated or impeded their involvement in direct care-giving activities and in decision-making. Many remained uncertain about their abilities to meet the needs of their relative within the new care environment. Others were more confident that skills developed over many years were transferable to the new setting and were able to resist staff efforts to 'take over'. Observations within the case study settings suggested limited attempts by staff to encourage relatives to recognize their own 'mastery' of the role of family caregiver within the nursing home
Fluid integrative identities	Transition experiences have been characterized as resulting in identity reformulation. Perspectives become 'bicultural' rather than 'monocultural'	Development of a bicultural perspective was reflected in participants' attempts to understand the pressures on nursing home staff, trying to see the situation from their point of view. A further application of this idea could lie in the relatives' ability or willingness to create a life outside of the home

care (Tressolini & the Pew Fetzer Task Force on Advancing Psychosocial Health Education 1994, Nolan *et al.* 2004) which seek to redefine the provision of health and social care in ways that value and attest to the relationships that form the context in which care is provided. According to its main proponents, relationship-centred care addresses the interdependencies between care 'providers' and 'receivers' and 'captures the importance of the interactions amongst people as the foundations of any therapeutic or healing activity' (Tressolini & the Pew Fetzer Task Force on Advancing Psychosocial Health Education 1994, p. 11). There is, however, a need for further conceptual and empirical work to identify ways in which relationship-centred care can be elaborated upon and made a reality (Nolan *et al.* 2004).

The significance of organizational culture within nursing homes, in particular models of care, for the experiences of service users was an important finding of this study (Davies 2003) and finds support in the literature (McDerment *et al.* 1997, Stanley & Reed 1999). This aspect is also insufficiently emphasized within the model of nursing transitions for it adequately to represent key factors shaping relatives' experiences of nursing home entry. The culture of a particular home is influenced by the values held by staff, particularly those in senior positions, and by the model of care in operation. These factors in turn determine perceptions of roles and the nature of relationships within the home. Historical traditions, availability of resources, leadership style and expectations of service users are also likely to play a part (Stanley & Reed 1999). However, crucially, it would appear that staff, relatives and to a lesser extent residents also have the potential to influence the culture or 'type of community' which is created (Davies 2003).

Taken together, these findings raise questions, which at this point it is not possible to answer, about whether the relative absence of this reciprocal and interactive dimension is an element of Meleis *et al.*'s (2000) theory that requires further exploration in relation to other forms of transition.

Conclusion

Mid-range nursing theories require empirical testing in a range of care settings and environments if they are to develop as useful frameworks to guide nursing practice in all situations. Supporting people through times of transition is an important nursing function, and Meleis's theory of nursing transitions has been shown to have utility in understanding the impact of a wide range of life changes. Mapping the findings of a qualitative study of relatives' experiences of nursing home entry on to the model suggests that the three domains – the nature of transitions, transition conditions and

What is already known about this topic

- Moving into a residential or nursing home is a major life event with important repercussions for older people and their family members.
- Few theoretical frameworks adequately capture the totality of this transition in order to provide clear indicators for nursing practice.
- Meleis's theory of nursing transitions presents a comprehensive framework which recognizes the significance of transitions for health and attempts to encapsulate characteristics and indicators of healthy transition processes in order to suggest appropriate nursing interventions.

What this paper adds

- Evidence to support the relevance of Meleis's theory of nursing transitions as a guide for nursing practice in supporting relatives during this period.
- Important limitations of Meleis's theory highlighted by these data include a failure to represent the reciprocal nature of relationships between nurses and family caregivers, and a lack of recognition of the potential to work in partnership with older people and their families in order to achieve the most positive outcomes for all concerned.
- The apparent lack of emphasis in Meleis's theory on the reciprocal nature of caring relationships may need further exploration in relation to other types of transition.

patterns of response – may be helpful in considering the range of factors which shape each individual's journey through the transition, and in explaining the range of experiences that may be encountered. However, this process also suggests that the theory of nursing transitions may be incomplete, particularly within the domain of patterns of response, in its failure to consider the dynamic and reciprocal nature of the relationships between service users and service providers. Future applications of the theory of nursing transitions should take this into account. Furthermore, there is a need for further research to explore the impact of reciprocal relationships with care providers on experiences of life transitions in a range of settings and contexts.

Findings of the empirical study on which this paper is based confirm that the way in which the transition to nursing home care is managed exerts a significant effect on the quality of life for older people and their family caregivers, and suggest important developmental implications for practice within this field. In particular, the findings suggest that at each phase of the transition, practitioners should aim to:

- work in partnership with older people and their family caregivers,
- be aware of the range of pressures which family caregivers are experiencing and attempt to minimize these pressures wherever possible,
- ensure that older people and their family caregivers are well informed,
- enable older people and family caregivers to maintain control over events and decision-making and
- ensure that older people and family caregivers are supported, both in practical and emotional terms.

Most of these interventions and strategies find support within Meleis's theory of nursing transitions. However, practitioners using this model to guide their practice are likely to miss opportunities to encourage family caregivers to recognize the important contribution that they themselves can make to ensuring a successful transition for all concerned.

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References

Aneshensel C.S., Pearly L.I., Mullan J.T., Zarit S.U. & Whitlach C.J. (1995) *Profiles in Caregiving: The Unexpected Career*. Academic Press, San Diego.

Bogo M. (1987) Social work practice and family systems in adaptation to homes for the aged. *Journal of Gerontological Social Work* **1/2**(10), 5–20.

Bowers B.J. (1988) Family perceptions of care in a nursing home. *The Gerontologist* **28**(3), 361–367.

Brown J. & Furstenberg A. (1992) Restoring control: empowering older patients and their families during health crisis. *Social Work in Health Care* **17**(4), 81–101.

Chen K. & Snyder M. (1996) Perception of personal control and satisfaction with care among nursing home elders. *Perspectives* **20**(2), 16–19.

Chick N. & Meleis A.I. (1986) Transitions: a nursing concern. In *Nursing Research Methodology: Issues and Implementation* (Chinn P.L., ed.), Aspen, Rockville, pp. 237–257.

Clarke E. (1993) *Family Ties Between Nursing Home Residents and Their Relatives: A Comparative Perspective*, Unpublished PhD thesis. University of York, York.

Cosbey J. (1994) *Letting Go: How Caregivers Make the Decision for Nursing Home Placement*, Unpublished PhD Thesis. The University of Akron, Akron.

Davies S. (2001) *Relatives' Experiences of Nursing Home Entry: A Constructivist Inquiry*, Unpublished PhD thesis. University of Sheffield, Sheffield.

Davies S. (2003) Creating community: the basis for caring partnerships in nursing homes. In *Partnerships in Family Care* (Nolan M., Grant G., Keady J. & Lundh U., eds), Open University Press, Maidenhead, pp. 218–237.

Davies S. & Nolan M. (2003) 'Making the best of things': relatives' experiences of decisions about nursing home entry. *Ageing and Society* **23**, 429–450.

Davies S. & Nolan M.R. (2004) Making the move: relatives' experiences of the transition to a care home. *Health and Social Care in the Community* **12**(6), 517–526.

Drysdale A.E., Nelson C.F. & Wineman N.M. (1993) Families need help too: group treatment for families of nursing home residents. *Clinical Nurse Specialist* **7**(3), 130–134.

Elliot K. (1995) Maintaining cultural and personal continuity in a Danish nursing home. *Journal of Women and Ageing* **71**(1/2), 169–185.

Ghusn H.F., Hyde D., Stevens E.S., Hyde M. & Teasdale T.A. (1996) Enhancing satisfaction in later life: what makes a difference for nursing home residents. *Journal of Gerontological Social Work* **26**(1/2), 27–47.

Gladstone J.W. (1995) The marital perceptions of elderly persons living or having a spouse living in a long-term care institution in Canada. *The Gerontologist* **35**(1), 52–60.

Im E.O. & Meleis A.I. (1999) A situation specific theory of menopausal transition of Korean immigrant women. *Image Journal of Nursing Scholarship* **31**, 333–338.

Junker B. (1960) *Fieldwork: An Introduction to the Social Sciences*. University of Chicago Press, Chicago, IL.

Kaplan L. & Ade-Ridder L. (1991) The impact on the marriage when one spouse moves to a nursing home. *Journal of Women and Ageing* **3**(3), 81–101.

Lincoln Y.S. & Guba E.G. (1985) *Naturalistic Inquiry*. Sage, Beverly Hills, CA.

Maykut P. & Morehouse R. (1994) *Beginning Qualitative Research: A Philosophical and Practical Guide*. The Falmer Press, London.

McDerment L., Ackroyd J., Tealer R. & Sutton J. (1997) *As Others See Us: A Study of Relationships in Homes for Older People*. Relatives Association, London.

Meleis A.I., Sawyer L.M., Im E., Hilfinger Messias D.K. & Schumacher K. (2000) Experiencing transitions: an emerging middle-range theory. *Advances in Nursing Science* **23**(1), 12–28.

Meleis A.I. & Trangenstein P.A. (1994) Facilitating transitions: redefinitions of the nursing mission. *Nursing Outlook* **42**(6), 255–259.

Messias D.K.H. (1997) *Narratives of Transnational Migration, Work and Health: The Lived Experiences of Brazilian Women in the United States*. Doctoral Dissertation. University of California, San Francisco, CA.

Morgan M. & Zimmerman M. (1990) Easing the transition to nursing homes: identifying the needs of spousal caregivers at the time of institutionalisation. *Clinical Gerontologist* **9**, 1–7.

Murphy K.P., Hanrahan P. & Luchins D. (1997) A survey of grief and bereavement in nursing homes: the importance of hospice grief and bereavement for the end-stage Alzheimer's disease patient and family. *Journal of the American Geriatrics Society* **45**(9), 1104–1107.

Nolan M.R., Grant G. & Keady J. (1996a) *Understanding Family Care: A Multidimensional Model of Caring and Coping*. Open University Press, Buckingham.

Nolan M.R., Walker G., Nolan J., Williams S., Poland F., Curran M. & Kent B.C. (1996b) Entry to care: positive choice or fait accompli? Developing a more proactive nursing response to the needs of older people and their carers. *Journal of Advanced Nursing* **24**(2), 265–274.

Nolan M.R., Davies S., Brown J., Keady J. & Nolan J. (2004) Beyond 'person-centred' care: a new vision for gerontological nursing. *Journal of Clinical Nursing. International Journal of Older People Nursing* **13**(3a), 45–53.

Oleson M. & Shadick K.M. (1993) Application of Moos and Schaefer's (1986) model to nursing care of elderly persons relocating to a nursing home. *Journal of Advanced Nursing* **18**(3), 479–485.

Onega L.L. & Tripp Reimer T. (1997) Expanding the scope of continuity theory: application to gerontological nursing. *Journal of Gerontological Nursing* **23**(6), 29–35.

Pearsall M. (1965) Participant observation as role and method in behavioural research. *Nursing Research* **4**(1), 37–42.

Reed J. & Payton V. (1995) *Working to Create Continuity: Older People Managing the Move to the Care Home Setting*. Centre for Health Services Research, University of Northumbria, Newcastle-upon-Tyne, UK.

Reed J. & Payton V.R. (1996) Constructing familiarity and managing the self: ways of adapting to life in nursing and residential homes for older people. *Ageing and Society* **16**(5), 543–560.

Rodwell M. (1998) *Social Work Constructivist Research*. Garland, New York.

Ross H.M., Rosenthal C.J. & Dawson P. (1997) Spousal caregiving in the residential setting – visiting. *Journal of Clinical Nursing* **6**(6), 473–483.

Ryan A. & Scullion H.F. (2000) Family and staff perceptions of the role of families in nursing homes. *Journal of Advanced Nursing* **32**(3), 623–634.

Sawyer L.M. (1999) Engaged mothering: the transition to motherhood for a group of African American women. *Journal of Transcultural Nursing* **1**(11), 14–21.

Schumacher K.L. & Meleis A.I. (1994) Transitions: a central concept in nursing. *Image: Journal of Nursing Scholarship* **26**(2), 119–127.

Schumacher K.L. (1996) Reconceptualising family caregiving: family-based illness care during chemotherapy. *Research in Nursing and Health* **19**, 261–271.

Stanley D. & Reed J. (1999) *Opening Up Care: Achieving Principled Practice in Health and Social Care Institutions*. Arnold, London.

Tressolini C.P. & the Pew Fetzer Task Force on Advancing Psychosocial Health Education (1994) *Health Professions Education and Relationship-centered Care*. Pew Health Professions Commission, San Francisco, CA, USA.

Wilson S.A. (1997) The transition to nursing home life: a comparison of planned and unplanned admissions. *Journal of Advanced Nursing* **26**(5), 864–871.

Wright F. (1998) *Continuing to Care: The Effect on Spouses and Children of an Older Person's Admission to a Nursing Home*. York Publishing Services Ltd, York.